

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/ 577057

FILING DATE

4.24.06

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT			AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2	1						52						
3	1						53						
4	3						54						
5	3						55						
6	3						56						
7	1						57						
8	1						58						
9	2						59						
10	2						60						
11	1						61						
12	2						62						
13	1						63						
14							64						
15	1						65						
16	3						66						
17	3						67						
18	3						68						
19	1						69						
20	1						70						
21	2						71						
22	2						72						
23	1						73						
24	5						74						
25							75						
26							76						
27							77						
28							78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	10	↓					TOTAL IND.		↓				
TOTAL DEP.	32	↔					TOTAL DEP.		↔				
TOTAL CLAIMS	42						TOTAL CLAIMS						